

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space. 39

*11959* *#6*

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 14253  
City St. Louis (No. 1528 Hadley St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 3411  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Unknown White Man

(a) Residence, No. Unknown St. 25 Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
Abt. 65

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Norred Schulz  
(ADDRESS) Coverers Office

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Patterson Street DATE 4/14/23

19. UNDERTAKER Petty Bros.  
(ADDRESS) 3024 37th Avenue

20. FILED APR 14 1923  
up Registrar.

**MEDICAL CERTIFICATE OF DEATH**

No physician in attendance  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12th. 1933

22. I HEREBY CERTIFY, That I attended deceased from found dead to \_\_\_\_\_, 19\_\_\_\_

I last saw him ..... alive on ..... 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:25 A.M.

The principal cause of death and related causes of importance were as follows:

Cause of Death Unknown

Body to badly decomposed.

Other contributory causes of importance:

*20013*

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19\_\_\_\_

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify .....

(Signed) [Signature], M.D.  
(Address) [Address]

11/3/33

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE FAULTY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

31  
31  
31

1871

1872

1873